

□ MVR □ CLUE

NON-DRIVER QUESTIONNAIRE #8

DIARY

UF2104 7/15

For underwriting purposes, ERIE may require a Non-Driver Questionnaire for any licensed resident of the household. This form does not change coverage under the policy.

WARNING: Failure to complete and return the Non-Driver Questionnaire may cause rescission or termination of the policy. surance AGENT'S NO. NAMED INSURED'S POLICY NO. NON-DRIVER HOME PHONE NO. AGENT'S NAME RELATIONSHIP TO NON-DRIVER 2. NAMED INSURED (LAST NAME) (FIRST NAME) 3. LIST NAME EXACTLY AS IT APPEARS ON DRIVER'S LICENSE: ☐ MR ☐ MISS ☐ MRS ☐ MS FIRST NAME MIDDLE INITIAL (MAIDEN NAME, IF APPLICABLE) DRIVER'S LICENSE NUMBER: STATE SOCIAL SECURITY NUMBER: ANY RESTRICTION ON LICENSE? (Not applicable in WI)
IF "YES," LIST RESTRICTION CODE____AND EXPLA DATE FIRST LICENSED MARITAL STATUS AND EXPLAIN IN ITEM 8 OR DATE OF PERMIT % OF USE/CAR # ADDRESS NUMBER AND STREET ZIP CODE COUNTY HOW LONG AT PRESENT ADDRESS?IF LESS THAN THREE YEARS, GIVE PREVIOUS ADDRESS OF A TWO-YEAR DURATION (NOT MILITARY) OCCUPATION **EMPLOYER AND ADDRESS** 4. WARNING: An incorrect answer, intentional or not, to any question below may cause rescission or termination of the policy. If the answers to any of the following are "Yes," give requested details below. (Attach additional sheet if necessary.) Has any driver or member of the household: YES NO In either case, give name of Company, Policy No., date, and reason if known, (Not applicable in **DC**) In OHIO (a) Has any driver had any auto insurance refused, cancelled or expired in past 5 years for: (Give name of company, date and details) (i) Material misrepresentation in application or submission of claims (ii) Suspension, revocation or expiration of operator's license of named insured or principal operator (b) Been required to file evidence of financial responsibility in past 5 years? (3 years—DC, MD & PA) (Give date and reason) (c) Had their driver's license or driving privileges revoked or suspended in the past 5 years? (3 years—DC, MD & PA) (Give date and reason) (d) Received a ticket for speeding, PJC (NC only), or any other vehicle code violation within the past 5 years? (3 years—DC, MD & PA) (If "Yes," give date and description of violation(s). If speeding, include your actual speed and the speed limit.) (e) Ever been arrested for ANY reason? If "yes," state date and place of arrest, nature of the offense and disposition (i.e., quilty, not quilty, PBJ, ARD, nolle pros, etc.) (Not applicable in DC, MD, NY or WI) For DC, MD and WI: (e) ever been arrested and convicted for arson, insurance fraud, a crime involving dishonesty or the misappropriation of funds, or for a criminal offense while using a motor vehicle in the past 10 years? (Give date, place of arrest, conviction and penalty in section 6 below.) KY ONLY: Ever been arrested and convicted for arson, insurance fraud, a crime involving dishonesty or the misappropriation of funds, or for a criminal offense while using a motor vehicle in the past 10 years? For NY: (e) ever been convicted of or otherwise found guilty of a crime (excluding offenses committed while a juvenile or sealed by court order)? (If "Yes," give date, conviction and penalty in Section 6 below.) Has any driver or member of the household of driving age: (f) Had a physical or mental impairment or disability or other medical infirmity? Identify any such condition (e.g., heart, diabetes, epilepsy, hearing/sight/limb loss, back condition or other medical infirmity), its duration and treatment obtained and/or medication prescribed. (Not applicable in WI) Has any driver or member of the household: (q) Had any comprehensive losses (deer, fire, glass breakage, theft, etc.) in past 5 years? (3 years—DC, MD & PA) (Describe) (h) While driving a motor vehicle, been involved in an accident or reported a claim to an insurance company during past 5 years? (3 years—DC, MD & PA) List driver(s) and describe all incidents below, regardless of who was at fault. **For MD**: Also ask the following: Has any driver refused to submit to a chemical test or been given probation before judgment for an alcohol or other vehicle code related violation in the past 3 years? For NC: Provided proof of NC residency with a valid NC operator's license, registration, or other proof of residency? 5. Accident Date COMPLETE DESCRIPTION OF ACCIDENT—INCLUDING DOLLAR DAMAGE AND WHO PAID (If necessary, attach additional sheet)

6. In addition to the driver listed above, are there any other non-drivers? Yes No If "Yes," complete a Non-Driver Questionnaire for each.	
7. INSURANCE RECORI	
- Name of company W	hich last carried your auto insurance: Policy No.
— Are you going to continue coverage with that company? If "yes," list Year, Make & VIN of auto: — Were you ever insured with "ERIE?" when "ERIE" Policy No.	
Name in which nolicy	was written (if different)
— Do you reside with the	was written (if different)
8. OTHER PERTINENT INFORMATION	
AGENT: How long have you known Non-Driver?	
	sider this non-driver a good risk?
Agent's	
	Date
DI FACE DEAD.	
PLEASE READ:	
DC	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding
APPLICANT(S)	the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
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KY	Any person who knowingly and with intent to defraud any insurance company or other person files an application
APPLICANT(S)	for insurance containing any materially false information or conceals, for the purpose of misleading, information
	concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
MD	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or
APPLICANT(S)	who knowingly or willfully presents false information in an application for insurance is guilty of a crime and
` '	may be subject to fines and confinement in prison.
	Any person who knowingly and with intent to defraud any insurance company or other person files an ap-
	plication for commercial insurance or a statement of claim for any commercial or personal insurance benefits
NY	containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes
APPLICANT(S)	or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction,
(Fraud Warning)	damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles
(* * * * * * * * * * * * * * * * * * *	or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a
	civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for
	each violation.
OHIO	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits
APPLICANT(S)	an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
	Any person who knowingly and with intent to defraud any insurance company or other person files an applica-
PA	tion for insurance or statement of claim containing any materially false information or conceals for the purpose
APPLICANT(S)	of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a
- (-)	crime and subjects the person to criminal and civil penalties.
TN & VA	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the
APPLICANT(S)	purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
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WV	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and
APPLICANT(S)	confinement in prison.
OTHER	•
APPLICANT(S)	Any person who knowingly files an application containing any false, incomplete or misleading information, may be subject to criminal and/or civil penalties.
AFFEIGANT(3)	so dubject to diffillial altaror divil perialities.
NON-DRIVER	I certify that I have given true and complete answers to the questions in this application.
SIGNATURE	
	Date